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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing      **OR**       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	18261 USA
First Named Inventor	John W. Juvinal
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Optical inspection apparatus and method for inspecting container lean

*(Title of the Invention)*

the specification of which

is attached hereto

**OR**

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION — Utility or D sign Patent Application

Direct all correspondence to:  Customer Number: 27081 OR  Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) John W.*John W. Juvinal*Family Name  
or Surname JuvinalInventor's  
Signature

Date

*1-26-04*Residence: City  
Ottawa LakeState  
MICountry  
USACitizenship  
USAMailing Address  
9100 Head-O-Lake RoadCity  
Ottawa LakeState  
MIZIP  
49267Country  
USA

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) James A.Family Name  
or Surname RinglienInventor's  
Signature

Date

*Jan 26, 2004*Residence: City  
MaumeeState  
OHCountry  
USACitizenship  
USAMailing Address  
2210 Glenview DriveCity  
MaumeeState  
OHZIP  
43537Country  
USA

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Stephen M.		Graff		
Inventor's Signature				Date 1/26/04
Maumee Residence: City	OH State	USA Country	USA Citizenship	
Apt. D Mailing Address 1911 Key Street Mailing Address				
Maumee City	OH State	43537 Zip	USA Country	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)		Family Name or Surname		
Jie		Chen		
Inventor's Signature	Date 1/26/04			
Ann Arbor Residence: City	MI State	USA Country	USA Citizenship	
2300 Courtney Circle Court Mailing Address				
Mailing Address				
Ann Arbor City	MI State	48103 Zip	USA Country	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)		Family Name or Surname		
William H.		Anderson		
Inventor's Signature	Date 1-26-04			
Sylvia HOLLAND Residence: City	OH State	USA Country	USA Citizenship	
6909 Barleyton Circle 7069 NIGHTINGALE LANE Mailing Address				
Mailing Address				
Sylvia HOLLAND City	OH State	43560-43528 Zip	USA Country	

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	John W. Juvinal
Title	Optical inspection apparatus a
Art Unit	
Examiner Name	
Attorney Docket Number	18261 USA

I hereby appoint:

 Practitioners associated with the Customer Number: 

OR

 Practitioner(s) named below:

Name	Registration Number
Principal Attorneys:	
H. G. Bruss	24,389
Susan L. Smith	53,618
Associate Attorney: Robert C. Collins	27,430

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number: 

OR

 The address associated with Customer Number: 

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	John W. Juvinal
Signature	<i>John W. Juvinal</i>
Date	1-26-04
	Telephone 419-247-7882

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 5 forms are submitted.

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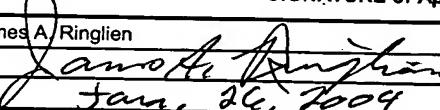
<input type="checkbox"/> Firm or Individual Name			
Address			
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Telephone	Fax		

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**SIGNATURE of Applicant or Assignee of Record**

Name	James A. Ringlien
Signature	
Date	<i>June 26, 2009</i>
	Telephone 419-247-7880

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Associate Attorney: Robert C. Collins	27,430

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The address associated with Customer Number:

OR

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Address

Address

City

Country

Telephone

State

Zip

Fax

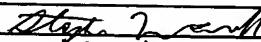
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Assignee of record of the entire interest. See 37 CFR 3.71.

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**SIGNATURE of Applicant or Assignee of Record**

Name	Stephen M. Graff		
Signature			
Date	11/21/04	Telephone	419-247-8126

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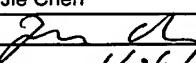
OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Jie Chen		
Signature			
Date	1/06/04	Telephone	419-247-8708

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Practitioner(s) named below:

Name	Registration Number
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Susan L. Smith	53,618
Associate Attorney: Robert C. Collins	27,430

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The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

## SIGNATURE of Applicant or Assignee of Record

Name	William H. Anderson		
Signature	<i>William H. Anderson</i>		
Date	1-26-04	Telephone	419-247-7573

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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